

INCLUSION SUPPORT SERVICE REQUEST

To request Inclusion Support Services for Twinsburg Parks & Recreation Camps, please complete this form and submit to the Director, Jennifer Betenson at jbetenson@twinsburg.oh.us.
Once submitted, please allow 3-5 businesses days for us to reach out with any questions.

Participant Name *

Date of Birth *

Age *

Address Line 1 *

Address Line 2

City *

State *

Parent/Guardian Name *

Parent/Guardian Email *

Parent/Guardian Phone *

Parent/Guardian Relationship to Camper *

Which weeks are the participant attending? *

- Week 1
- Week 2
- Week 3
- Week 4
- Week 5
- Week 6
- Week 7
- Week 8
- Week 9

Type of Accommodation *

- Assistive Equipment
- Sign Language Interpreter
- Additional Personal Assistance
- Other



Disability Information as Diagnosed by a Physician *

Please select all that apply to the camper.

- Attention Deficit Disorder
- Autism Spectrum Disorder
- Behavioral Disorder
- Blind/Vision Impairment
- Cerebral Palsy
- Deaf/Hearing Impairment
- Down Syndrome
- Learning Disability
- Mild Intellectual Disability
- Moderate Intellectual Disability
- Oppositional Defiant Disorder
- Physical Disability
- Pica
- Psychiatric Disorder
- Seizures
- Severe Intellectual Disability
- Speech Impairment
- Spina Bifida
- Traumatic Brain Injury
- Other

Does the camper walk independently? * Yes No

Does the camper use any medications? * Yes No

If yes, please identify the type, dosage, and time of all medications the camper is currently taking.

Does the camper have any allergies? * Yes No

If yes, please identify any allergies (Foods, Medications, Other)

Eating/Drinking Assessment *

Please select each statement that applies to the camper. Use the comment section to identify additional needs.

- Drinks from a cup
- Able to use a straw to drink
- Able to grasp: use a spoon
- Able to unwrap and open containers
- Able to open drink container
- Specialty Diet

Eating Drinking Additional Needs

Bathroom Skills Assessment *

Please select each statement that applies to the camper. Use the comment section to identify additional needs.

- Wears diaper
- Indicates need to use the toilet
- Uses toilet with physical assistance
- Uses toilet independently
- Washes hands independently

Bathroom Additional Needs

Communication Skills Assessment *

Please select each statement that applies to the camper. Use the comment section to identify additional needs.

- Unable to communicate needs
- Communicates with gestures, signs or non-verbal actions
- Uses 1- or 2-word statements
- Uses partial or complete spoken sentences
- Communicates in writing
- Communicates using basic sign Language
- Independent
- Uses a communication device to communicate

Communication Additional Needs

Receptive Language Skills Assessment *

Please select each statement that applies to the camper. Use the comment section to identify additional needs.

- Recognizes own name when called
- Responds to 2- or 3-step directions
- Responds when spoken to
- Responds to directions when in a small group
- Responds appropriately to 1-step directions
- Responds in a one-on-one direction
- Responds appropriately to directions when in a large group

Receptive Language Additional Needs

Motor Coordination Skills Assessment *

Please select each statement that applies to the camper. Use the comment section to identify additional needs.

- Able to catch a ball rolled
- Able to kick a rolling ball
- Able to catch a ball bounced
- Able to grasp small objects
- Able to catch a ball tossed from a short distance
- Able to throw or roll a ball
- Able to grip/grasp larger objects (tennis ball, racquet, etc.)
- Able to kick a stationary ball

Motor Coordination Additional Needs

Social/Behavioral Skills Assessment *

Please select each statement that applies to the camper. Use the comment section to identify additional needs.

- Will play/interact cooperatively with others
- Shows interest in others
- Will sit quietly to watch a program
- Can identify personal belongings
- Will play/interact cooperatively within a group
- Needs additional reminders
- Seeks Attention
- Is aware of safety concerns when out in the community (traffic, staying with a group, etc.)

Social/Behavioral Additional Needs

Sensory Input Skills Assessment *

Please select each statement that applies to the camper. Use the comment section to identify additional needs.

- Is sensitive to increased sensory input
- Will display signs of discomfort
- Is sensory seeking

Sensory Input Additional Needs

Behavior Management Techniques Used * Yes No

Independent Swimming * Yes No

Please list any activities, games, hobbies, etc. that your camper enjoys, is motivated by, or has expressed interest in.

Release of Information *

By checking this box, I, hereby give my permission for Twinsburg Parks and Recreation to exchange and release educational, behavioral, and/or medical information to Parks and Recreation staff for the sole purpose of coordinating special accommodations to develop and implement the inclusion support plan for my child. No further information will be given to anyone without my prior written consent. All information will be used to plan appropriate activities for my child.

Signature *

Date *

Please complete this form to its entirety and submit to the Director, Jennifer Betenson at jbetenson@twinsburg.oh.us.